FORM D

1333410

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL					
OMB Number: 3235-0076					
Expires:	Apri	1 30,2008			
Expires: April 30,2008 Estimated average burden					
hours per response16.00					

SEC USE ONLY						
Prefix		Serial				
DATÉ RÉCEIVED						
1		i				

UNIFORM LIMITED OFFERING EXEM	PTION					
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Offering of Limited Partnership Interests	occ.					
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE MONTH COSE OF THE OF T					
Type of Filing: New Filing  Amendment PRC	OCESSED TO THE PROPERTY OF THE					
A. BASIC IDENTIFICATION DATA	9 9 9000 TO HH 7 6 7646					
1. Enter the information requested about the issuer	232008					
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed)	ON DELITEDQuestington, DC					
Common Sense Special Opportunity, L.P.	104					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224	(503) 639-6551					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)					
Brief Description of Business	<del></del>					
Investments in securities and investment partnerships						
Type of Business Organization  corporation business trust  Imited partnership, already formed limited partnership, to be formed	please specify):					
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 9 0 3 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)						
GENERAL INSTRUCTIONS						
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.					

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Common Sense Investment Management LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Bisenius, James A CEO and Partner of Common Sense Investment Management LLC, General Partner
Business or Residence Address (Number and Street, City, State, Zip Code)
15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Stuvland, Craig - President, COO and Partner of Common Sense Investment Management LLC, General Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Strade, Kathleen D Partner of Common Sense Investment Management LLC, General Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Thompson, Scott - Partner of Common Sense Investment Management LLC, General Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Tsujimoto, Dave - Partner of Common Sense Investment Management LLC, General Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  Derrah, Dean - Partner of Common Sense Investment Management LLC, General Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224
(Use blank sheet or conv and use additional conies of this sheet as necessary)

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Harbolt, Thomas P. - CFO, General Counsel and Partner of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224 ☐ Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) McGowan, Jonathan - Partner of Common Sense Investment Management Lt.C, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224 General and/or Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual) Kelly, Scott - Partner of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Seguoia Parkway, Suite 250, Portland, OR 97224 Executive Officer Check Box(es) that Apply: Beneficial Owner General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Von Allmen, Corey - Partner of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 250, Portland, OR 97224 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes <b>⊼</b> i	No			
••	Answer also in Appendix, Column 2, if filing under ULOE.							MALE:					
2.	What is	the minim	ium investn			pted from a		_				\$ <u>1,00</u>	0,000.00*
												Yes	No
3.		-	-			le unit?							
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full No		Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	Cip Code)						
<u> </u>													
Nan	ne oi As:	sociated Bi	roker or De	aler									
Stat						to Solicit							
	(Check	"All State:	s" or check	individual	States)		***************************************					☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID.
	IL NET	IN	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	[NJ]	NM ŪT	NÝ VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			first, if ind		16: 6	V. G.	7: 0 1)	·				<del></del>	
Bus	iness or	Residence	: Address (I	Number an	d Street, C	City, State, 2	Zip Code)						
Nan	ne of As:	sociated Bi	roker or De	aler									
Stat	es in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<del></del>			
	(Check	"All State:	s" or check	individual	States)					***************************************		☐ All States	
	AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
	IL	ĪŇ	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM LUTE	NY	NC	ND	OH	OK .	OR	PA
	RI	SC	SD	TN	TX	UT	VΤ	VA	WA	WV	WI]	ŴŶ	PR
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	: Address (1	Number an	d Street, C	City, State, 2	Zip Code)			<del></del>			
Name of Associated Broker or Dealer													
Name of Associated Broker of Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL AK AZ AR CA CO CT DE DC FL GA								HI	ID			
	IL IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR								OR OR	MO PA			
	RI SC SD TN TX UT VT VA WA WV WI WY PR												

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>\*</sup> General Partner has discretion to accept tessor amounts.

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	s 0.00
	Equity		\$ 0.00
		<u> </u>	
	Convertible Securities (including warrants)	0.00	0.00 \$
	Partnership Interests		s 143,252,976
	Other (Specify)		\$ 0.00
	Total	1,000,000,000	\$ 143,252,976
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	118	\$ <u>143,252,976</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		<b>s</b>
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>s</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$_30,000
	Accounting Fees	<b>7</b>	\$ 9,500
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) filing fees, travel expense, etc.		<b>\$</b> 48,500
	Total	_	\$ 88,000

	C. OFFERING PRICE, NUME	EER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — oproceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		§_999,912,000
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part			
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[	<b></b> \$	
	Purchase of real estate	[		
	Purchase, rental or leasing and installation of macl	ninery	¬ \$	.     \$
	Construction or leasing of plant buildings and faci	•		_
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another		_
	Repayment of indebtedness	 		
	Working capital		_ 	\$ 999,912,000
	Other (specify):		\$	\$
			\$	
	Column Totals	[	<u>\$</u> 0.00	<b>√</b> \$ 999,912,000
	Total Payments Listed (column totals added)			
		D. FEDERAL SIGNATURE		
sig	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre	aish to the U.S. Securities and Exchange Commis	sion, upon writte	
Iss	uer (Print or Type)	Signature 0 0/ 1/4	Date	
Co	mmon Sense Special Opportunity, L.P.	Thomas P. Stublet	July 14, 2008	
Na	nc of Signer (Print or Type)	Title of Signer (Print or Type)		
The	mas P. Harbolt	estment Managemer	nt LLC, General Partner	